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APPLICANTS

Gilda A. Taylor, Arden, NC;

** CONTINUING DATA *****

none R.S

** FOREIGN APPLICATIONS *****

none R.S

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/02/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NC	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>Robert L. Linton R.G.S.</i> Examiner's Signature	Initials	5	16	2

ADDRESS

Joseph T. Guy, Ph.D.
 NEXSEN PRUET JACOBS & POLLARD, LLC
 Fed. Sta.
 P.O. Box 10107
 Greenville, SC
 29603-0107

TITLE

Method for moving an invalid patient

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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